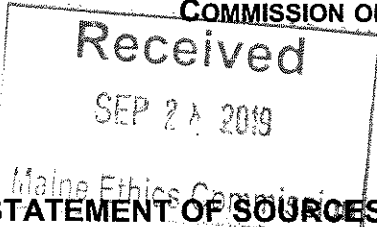


COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333
 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE
 WEBSITE: WWW.MAINE.GOV/ETHICS
 PHONE: 207-287-4179
 FAX: 207-287-6775



UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name: <i>Ryan Tipping</i>	Office & District Number: <input checked="" type="checkbox"/> House <i>123</i> <input type="checkbox"/> Senate _____
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REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of income within **30 days** of a substantial change in income, reportable liabilities, or positions of the Legislator and the Legislator's spouse or domestic partner that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Substantial changes include, but are not limited to, a new employer or other source of income of \$2,000 or more; a new position in a political committee or for-profit or non-profit organization; a new unsecured loan of \$3,000 or more; and other substantial changes in the information required to be reported in the statement of sources of income. Please report only new information. Do not include information that you previously reported.

PART 1. INCOME FROM EMPLOYMENT BY ANOTHER

Date of Change:

Name and Address of Employer <i>Orono Public Library 39 Pine St. Orono, ME</i>		Date of Change: <i>9/13/19</i>
Principal Type of Economic or Business Activity of Employer: <i>Library</i>	Job Title: <i>Desk Clerk</i>	

PART 2. INCOME FROM SELF-EMPLOYMENT

Date of Change:

Name and Address of Your Business:
Principal Type of Economic or Business Activity:
Name and Address of Customer/Client, if required:
Customer/Client's Principal Type of Economic or Business Activity:

PART 3. BUSINESS ENTITIES

Date of Change:

Name and Address of Business:
Principal Type of Economic or Business Activity:

PART 4. INCOME FROM THE PRACTICE OF LAW

Date of Change:

Name and Address of Practice or Firm:		
Firm's Major Areas of Practice:	Your Major Areas of Practice:	Position (Partner, Associate, Sole Practitioner):

PART 5. INCOME FROM ANY OTHER SOURCE

Date of Change:

Name and Address of Income Source:
Description of Income:

Please call the Commission staff 207-287-4179 if you have any questions.
 Attach additional pages if necessary.

PART 6-A. INCOME OF IMMEDIATE FAMILY MEMBERS

Date of Change:

Name of Family Member:	Job Title:
Name and Address of Employer:	Employer's Principal Type of Economic or Business Activity:

PART 6-B. OTHER SOURCE OF INCOME OF IMMEDIATE FAMILY MEMBERS

Date of Change:

Name of Family Member:	Type of Income:
Name and Address of Source of Income:	

PART 7. LOANS AND LIABILITIES

Date of Change:

Name and Address of Lender:
Lender's Principal Type of Economic or Business Activity:

PART 8. GIFTS (INCLUDES TRAVEL AND ACCOMODATIONS)

Date of Change:

Source of Gift:	Source of Gift:
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PART 9. HONORARIA

Date of Change:

Source of Honoraria:	Source of Honoraria:
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PART 10. POSITIONS IN PACs, BQCS OR PARTY COMMITTEES

Date of Change:

Committee Name:	
Name of Legislator or Family Member:	Title:

PART 11. CONDUCTING BUSINESS WITH STATE AGENCIES

Date of Change:

Name of Agency:
Name of Individual/Organization Selling Goods or Services:
Description of Goods or Services:

PART 12. REPRESENTING OTHERS BEFORE STATE AGENCIES

Date of Change:

Name of Agency:
Name of Individual Receiving Compensation:


PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS

Date of Change:

Name of Position Holder	Name and Address of Organization/Business	Title	Relationship to Legislator	Compensated
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE

I certify that I have examined this report and to the best of my knowledge it is true, correct, and complete.



 Signature

9/24/19

 Date